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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	
	First Named Inventor	Bernard C. Schaeffer
	<b>COMPLETE IF KNOWN</b>	
	Application Number	/
	Filing Date	
	Art Unit	
		Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*Infrared Sauna*

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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## DECLARATION — Utility or Design Patent Application

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Name *Joseph B. TAPHORN*

Address *8 Scenic Dr; HAGAN Farms*

City *Poughkeepsie*

State *NY*

ZIP *12603-5521*

Country *U.S.A.*

Telephone *845/462-3262*

Fax *845/462-3262*

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) *Bernard C.*

Family Name or Surname *Schaeffer*

Inventor's Signature

*Bernard C Schaeffer*

Date ☒

Residence: City *Rosendale*

State *NY*

Country *USA*

Citizenship *USA*

Mailing Address *725 Rte. 213*

City *Rosendale*

State *NY*

ZIP *12472*

Country *USA*

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) *James*

Family Name or Surname *Schaeffer*

Inventor's Signature

*James Schaeffer*

Date

*1/23/02*

Residence: City *Rosendale*

State *NY*

Country *USA*

Citizenship *USA*

Mailing Address *725 Rte. 213*

City *Rosendale*

State *NY*

ZIP *12472*

Country *U.S.A.*

☒ Additional inventors are being named on the   1   supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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NAME OF SOLE OR FIRST INVENTOR: <sup>THIRD</sup>☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Wayne

Family Name

or Surname

Schaeffer

Inventor's  
Signature

✓ Wayne Schaeffer

Date

✓ 1/24/02

Residence: City

Stone Ridge

State

NY

Country

USA.

Citizenship

USA.

Mailing Address

101 Vincent Lane

City Stone Ridge

State

NY

ZIP

12484

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Family Name

or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the \_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Bernard C. Schaeffer

Title

Infrared Sauna

Group Art Unit

Examiner Name

Attorney Docket Number

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

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Name	Registration Number
Joseph B. TAPHORN	16,788

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Bernard C. Schaeffer

Signature

Bernard C. Schaeffer

Date

23 JAN 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Bernard C. Schoeffter

Title

Infrared Souqa

Group Art Unit

Examiner Name

Attorney Docket Number

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### SIGNATURE of Applicant or Assignee of Record

Name

Wayne Schaeffer

Signature

Wayne Schaeffer

Date

1/24/02

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Application Number	
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First Named Inventor	Bernard C. Schaeffer
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### SIGNATURE of Applicant or Assignee of Record

Name

James Schaeffer

Signature

James Schaeffer

Date

1/23/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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